

MEMBERSHIP APPLICATION
Boys & Girls Clubs of Kentuckiana



Club Name: Circle one

Ed Endres Jeffersonville Newburg Parkland Shawnee

Member Information:

First Name: _____ Middle: _____ Last: _____

Nickname: _____

Gender: ___M ___F Ethnicity: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Fax: _____ Email: _____

Physical:

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

School Information:

Current Teacher: _____

School: _____ Grade: _____

Medical Information:

Doctor Name: _____ Doctor Phone: _____

Permission for Treatment by Doctor/Hospital: ___Yes ___No

Does your family have health and/or accident insurance: ___Yes ___No Medicaid: ___Yes ___No

Insurance Carrier: _____ Insurance Phone: _____

Policy #: _____ Group#: _____

Special Needs/Health Issues: ___Yes ___No If Yes, explain: _____

Medications: ___Yes ___No If Yes, explain: _____

Parent/Guardian (Living in Household) Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Parent Level of Education: _____

Household size: _____ # of siblings: _____

Household type: Circle one

Both parents Single mother Single father Shared custody Other family
Foster care Group home Other

Parent/Guardian (Living Outside of Household) Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Parent Level of Education: _____

Household size: _____ # of siblings: _____

Household type: Circle one

Both parents Single mother Single father Shared custody Other family
Foster care Group home Other

Annual Income Level: \$0 - \$12,830 _____ \$12,831 - \$19,350 _____ \$19,351 - \$32,999 _____

Income

Level: \$33,000 – higher _____ Decline to answer _____

Number in Household under 18: _____

Current Single Parent Household: ___ Yes ___ No Lives on Military Base: ___ Yes ___ No

Free or Reduced Lunch: ___ Yes ___ No IEP: ___ Yes ___ No

Emergency Contact 1:

Name: _____

Primary Phone: _____ Secondary Phone: _____

Relationship: _____

Emergency Contact 2:

Name: _____

Primary Phone: _____ Secondary Phone: _____

Relationship: _____

General:

Birth Certificate on File: ___ Yes ___ No Birth City: _____ Birth State/Country: _____

Member has permission to be used in public relations materials: ___ Yes ___ No

Member may participate in all Club activities in or adjacent to the club building: ___ Yes ___ No

Club Member Since: _____ Religion: _____

Contact's Signature: _____ **Member's Signature:** _____

FOR OFFICE USE ONLY

Membership #: _____

Membership Fee: _____

Entry Date: _____

Expiration Date: _____

Status: _____

Type: _____

New/Renewal Member: _____

Processed by: _____